



**ST. CROIX COUNTY WISCONSIN  
SHERIFF'S OFFICE**

ST. CROIX COUNTY GOVERNMENT CENTER  
1101 Carmichael Road  
Hudson, WI 54016

**Huber:** 715-386-4755

**Day Report Center:** 715-245-4109

Website: [www.sccwi.gov](http://www.sccwi.gov)

Scott L. Knudson, Sheriff  
Cathy R. Borgschatz, Chief Deputy

**ST CROIX COUNTY HUBER TRANSPORTATION INFORMATION**

**Huber Inmate Name:** \_\_\_\_\_

**Driver's License Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Driver's License Number, State, and Expiration: \_\_\_\_\_

**Vehicle Information:**

License Plate Number and State: \_\_\_\_\_

Make, Model, Year, and Expiration Date: \_\_\_\_\_

Color of Vehicle: \_\_\_\_\_

Name of person vehicle is registered to: \_\_\_\_\_

**Insurance Information:**

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiration date of policy: \_\_\_\_\_

**\*A copy of your valid driver's license and insurance must be submitted along with this form\***

Please note, approved transportation is **ONLY** to work or approved appointment(s). If you need to make additional stops, this will need to be taken care of when not transporting the Huber Inmate. Failure to follow this rule prohibits me from further being permitted to transport the above individual. By signing below, you agree to these terms.

**Driver Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_